

PROCESSED TO:

- ☐ Step 1
- ☐ Step 2
- ☐ Step 3
- ☐ Step 4

MICHIGAN STATE EMPLOYEES ASSOCIATION
EMPLOYEE GRIEVANCE FORM

MSEA NUMBER (MSEA Use Only)
DEPARTMENT NUMBER (Department Use Only)

NAME (Print or Type)		SOCIAL SECURITY NUMBER		CLASS/LEVEL	
ADDRESS		CITY		STATE	ZIP CODE
HOME PHONE ()	WORK PHONE ()	DEPARTMENT/WORKSITE			SHIFT (Hours)
IMMEDIATE SUPERVISOR				SUPERVISOR WORK PHONE ()	
CONTRACT ARTICLE(S), CIVIL SERVICE AND/OR DEPARTMENTAL RULE(S) POLICIES/REGULATION(S) CITED				DATE OF EVENT/AWARENESS	
EMPLOYEE'S STATEMENT OF GRIEVANCE (Attach additional pages if needed; who, what, when, where, how, why, etc.), OR EMPLOYEE'S STATEMENT OF APPEAL TO HIGHER STEP					

A JUST AND FAIR SOLUTION TO MY GRIEVANCE

GRIEVANT'S SIGNATURE	UNION REPRESENTATIVE'S NAME	DATE GIVEN/MAILED
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DATE RECEIVED	STEP ____MANAGEMENT ANSWER
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GRIEVANT'S SIGNATURE	MANAGER'S TITLE	RETURNED TO GRIEVANT
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DATE RECEIVED	ANSWER <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> REJECTED
REASON FOR REJECTION	

INSTRUCTIONS

NOTE: Type or print with a ball point pen.

All grievances shall be presented promptly and no later than fifteen (15) week days from the date the grievant knew or could reasonably have known of the facts or the occurrence of the event giving rise to the alleged grievance.

WHO	DOES WHAT
Employee	<p>Complete all items on the top of the form (except grievance numbers), the "Employees Statement of Grievance" Section, and the "Just and Fair Solution" Section. Sign and date the form. Give the grievance to the Step 1 Supervisor.</p> <p>NOTE: Grievance involving demotion, suspension or discharge may be appealed directly to Step 3 by forwarding this packet to the designated Step 3 Employer Representative.</p>
Step 1 Supervisor	<p>Sign/date the grievance form to indicate receipt*. Place department grievance number on the form.</p> <p>Within five (5) week days from the date of receipt:</p> <ul style="list-style-type: none">* Schedule and conduct Step 1 conference. Include the Employee and Steward, or MSEA Representative, if requested.* Return the grievance answer to the Employee and MSEA Representative.
Employee	<p>Within five (5) week days from the date of receipt*, if not satisfied with the Step 1 answer, check "Rejected", citing reason for rejection, then forward the grievance and Step 1 answer to the designated Step 2 Employer Representative.</p>
Step 2 Employer Rep.	<p>Within ten (10) week days from date of receipt*:</p> <ul style="list-style-type: none">* If requested by either party, schedule and conduct Step 2 conference with the Employee and MSEA Representative(s).* Write Step 2 answer on Grievance Procedure Form.* Return the grievance answer to the Employee and MSEA Representative(s).
Employee	<p>Within ten (10) week days from date of receipt*, if not satisfied with the Step 2 answer, check "Rejected", citing reason for rejection, then forward the grievance, Step 1 and Step 2 answers to the designated Step 3 Employer Representative(s).</p>
Step 3 Employer Rep.	<p>NOTE: The parties may meet to discuss the grievance at Step 3, but are required to meet and discuss disciplinary grievances involving a written reprimand, suspension, discharge, demotion or less than satisfactory service rating.</p> <p>If a Step 3 grievance conference is to be held: Within fifteen (15) week days of date of receipt*:</p> <ul style="list-style-type: none">* Schedule and conduct Step 3 conference with the Employee and MSEA Representative(s).* Write Step 3 answer on Grievance Procedure Form.* Return the grievance answer to the Employee and MSEA Representative(s).
Employee	<p>Within then (10) week days from date of receipt*, if not satisfied with Step 3 answer, contact your local steward or MSEA Central Office for further information.</p> <p>* ALWAYS MAKE A NOTE OF THE DATE RECEIVED ON THE FORM.</p>

Canary -- Step 2
Pink -- Step 1
Goldenrod -- Grievant